Colorado Family Safety Assessment Tool [5.1.19]

SECTION 1: GENERAL INFORMATION

Referral ID:		**Family Name:**	
Reason for Assessment:		**Completed by:**	
Name of Primary Caregiver:		**Name of Secondary Caregiver:**	
Names of children in Household:			

SECTION 2: CURRENT OR IMPENDING DANGER

If you select "yes," ALL 5 of the following safety threshold criteria must be present:

- **Specific and observable threat** (Danger is real, can be seen, can be reported, is evidenced in explicit, unambiguous ways.)
- **Out-of-control** (Individual and/or family conditions are unrestrained, unmanaged, not subject to influence or internal control.)
- **Child is vulnerable to the threat of harm** (A child is vulnerable to the threat of harm due to his/her age, status, etc.)
- **Harm is likely to occur if not controlled** (Without intervention to control, the child will be harmed.)
- **Potential of moderate to severe harm** (The consequence of the maltreatment are at a level consistent with a medium, severe, egregious, near fatal or fatal level of physical abuse, sexual abuse or neglect.)

List all household/family members who participated in completion of sections 1-2B and the date the tool was completed.	Date: Completed With:	Update: Completed With:	Update: Completed With:
1. Caregiver(s) substance use impacts ability to supervise, protect and/or care for the child/youth.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. Caregiver(s) is unwilling or unable to meet the child/youth's immediate needs for food, clothing, and shelter.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3. Caregiver(s) is unwilling or unable to meet the child/youth's significant medical or mental health care needs.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4. Caregiver(s) is unwilling or unable to take protective action in response to child/youth's inflicted or credible threat of moderate to severe harm to self.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5. Caregiver(s) is engaged in domestic violence in the home and places child/youth in danger of physical and/or emotional harm.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
6. Caregiver(s) and child/youth's living situation is physically hazardous and/or immediately threatening to the child/youth's health or safety based on the child/youth's age or development.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7. Caregiver(s) does not provide supervision necessary to protect the child/youth, based on the child/youth's age or development.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
8. Caregiver(s) or adult household member caused moderate to severe physical injury.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
9. Caregiver(s) is unwilling or unable to protect child/youth from current danger of harm due to suspected or confirmed child sexual abuse.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
10. Caregiver(s) refuses access to the child/youth or there is reason to believe the family will flee based on current concerns.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

SECTION 2A: DECISION MAKING

1. If **NO** current or impending danger is identified, the remainder of the tool must be completed, documented, reviewed, and approved by a supervisor within 14 calendar days of the initial contact with the alleged victim child(ren)/youth.
2. If **YES**, when current or impending danger is identified, the caseworker must complete the remainder of the tool during the initial interaction with household members and their supports. The Colorado Family Safety Assessment must be documented in the state automated case management system and approved by a supervisor within 14 calendar days of the initial contact with the alleged victim child(ren)/youth.

SECTION 2B: INITIAL FAMILY ENGAGEMENT

Tool completed with family? ☐ Yes ☐ No If no, explain:

Parent/Caregiver | Parent/Caregiver | Caseworker

SECTION 3: CAREGIVERS' STRENGTHS/PROTECTIVE CAPACITIES

Strengths or protective capacities are resources and skills within the family, or the family's network or community, that are important to building safety but that **may not be** direct actions of protection. Please select, from the strengths and protective capacities listed below, all those that exist within the family system. For each strength or protective capacity you select, describe the specific resources and skills.

☐ 1. Caregiver(s) has realistic expectations of the child/youth.
☐ 2. Caregiver(s) provides for child/youth's basic needs.
☐ 3. There is evidence of a supportive relationship between caregiver(s) and child/youth.
☐ 4. Caregiver(s)' explanation is consistent with child/youth's injury or circumstances.
☐ 5. Caregiver(s) has supportive relationships with three or more persons.
☐ 6. Caregiver(s) presently or historically demonstrates **use of** identified supportive relationships in providing safety and protection for the child/youth.
☐ 7. Caregiver(s) presently or historically demonstrates the ability and willingness to use resources necessary to protect their child/youth as needed.
☐ 8. Caregiver(s) presently or historically exhibits the ability to put the child/youth's safety ahead of his/her/their own needs and wants.
☐ 9. Other:

SECTION 4: CAREGIVER(S)' FUNCTIONING

Complete the following information based on your interviews and on information gathered from sections 1, 2, and 3 of this form.

Caregiver(s)' Functioning:
General Parenting and Disciplinary Practices:

SECTION 5: CHILD/YOUTH'S VULNERABILITIES AND FUNCTIONING

List the names of all children and youth in the household. Then, for each child or youth in the household, indicate whether each of the conditions listed below currently exists.

	Under 6 Years of Age	Non-Verbal	Diagnosed Medical Condition	Diagnosed Mental Health Condition	Diagnosed Developmental Delay	Diagnosed Developmental Disability	Limited Physical Capacity
Name of Child/Youth 1:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Comments About Child/Youth 1:							
Name of Child/Youth 2:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Comments About Child/Youth 2:							

	Under 6 Years of Age	Non-Verbal	Diagnosed Medical Condition	Diagnosed Mental Health Condition	Diagnosed Developmental Delay	Diagnosed Developmental Disability	Limited Physical Capacity
Name of Child/Youth 3:	• Yes • No	• Yes • No	• Yes • No	• Yes • No	• Yes • No	• Yes • No	• Yes • No
Comments About Child/Youth 3:							
Name of Child/Youth 4:	• Yes • No	• Yes • No	• Yes • No	• Yes • No	• Yes • No	• Yes • No	• Yes • No
Comments About Child/Youth 4:							
Name of Child/Youth 5:	• Yes • No	• Yes • No	• Yes • No	• Yes • No	• Yes • No	• Yes • No	• Yes • No
Comments About Child/Youth 5:							

Child(ren)/Youth Functioning (describe day-to-day functioning):

SECTION 6: ACTIONS THAT RESPONDED TO THE CURRENT OR IMPENDING DANGER

Based on an analysis of the Children/Youths' Vulnerabilities, Current or Impending Danger, AND Strengths/Protective Capacities, select one of the following:

☐ **1. No current or impending danger to the child/youth has been identified as part of this assessment.**

-STOP HERE IF NO CURRENT/IMPENDING DANGER HAS BEEN IDENTIFIED-

☐ **2. Current or impending danger to the child/youth has been identified AND caregiver(s)' strengths/protective capacities or family actions DO CONTROL FOR all identified danger. The child/youth is determined to be SAFE.**

Describe how the caregiver(s)' strengths and protective capacities mitigate the identified current or impending danger.

-STOP HERE IF CURRENT/IMPENDING DANGER IS CONTROLLED FOR-

☐ **3. Current or impending danger to the child/youth has been identified AND caregiver(s)' strengths/protective capacities or family actions DO NOT CONTROL FOR all identified danger. Further intervention is necessary to manage identified danger. The child/youth are determined to be IN CURRENT OR IMPENDING DANGER; proceed to Section 7: Safety Intervention Analysis.**

SECTION 7: SAFETY INTERVENTION ANALYSIS

Per Volume 7. 104(B)(2), if the child is unsafe, the safety assessment, safety plan, or decision to initiate an out-of-home placement must be reviewed and approved by a supervisor as soon as possible and at most within twenty-four (24) hours.

☐ 1. A safety plan can reasonably be expected to control all danger to the child/youth and will be completed. If

you select this option, proceed to Section 8: Safety Planning to outline the safety plan created with the family and its support network.

- 2. Human or Social Services custody is the only plan that sufficiently controls all danger to the child/youth. If you select this option, do not complete Section 8.

***SECTION 8: SAFETY PLANNING* (Complete this section only if you selected Checkbox 1 in Section 7.)**

A safety plan shall be developed for all children in current or impending danger if an in-home safety plan can reasonably be expected to control for all identified dangers. All children in the household assessed to be in current or impending danger shall be included in one plan. Safety plans do not have to be developed if the Safety Intervention Analysis (Section 7) results in a decision that Human or Social Services custody is the only plan that is sufficient to control for all danger to the child/youth.

Safety plans are a voluntary agreement between the signing parties and do not impact a caregiver's parental rights. However, not adhering to a safety plan may impact the decision of the Safety Intervention Analysis (Section 7). Should court action be sought to control for the safety of the involved child(ren)/youth, caregivers will be provided with a Notice of Rights and Remedies for Families, also available at https://sites.google.com/a/state.co.us/cdhs-dcw/for-professionals/forms.

Safety plans shall include the following:

1. Identification of each family member and safety management provider who is participating in the plan:

2. Description of actions to be taken that address each specific current or impending danger, including frequency of each action and who is responsible for each action. These safety responses must have an immediate impact on controlling for identified current or impending dangers, be the least restrictive possible while still ensuring safety, and be readily accessible at the level required to ensure safety:

3. Caregiver acknowledgement of current or impending dangers and a willingness to participate in the safety plan:

4. Descriptive list of caseworker activities to oversee the safety plan:

Parents, caregivers, and others who are a part of a safety plan shall sign the safety plan and receive a copy. All signatures and paper forms shall be retained in the file.

Parent/Caregiver	Parent/Caregiver	Safety Management Provider
Safety Management Provider	Caseworker	Other:

Date Reviewed:	Reviewed by:	Safety Plan Remains in Place:	☐ Yes ☐ No	Comments:
Date Reviewed:	Reviewed by:	Safety Plan Remains in Place:	☐ Yes ☐ No	Comments:
Date Reviewed:	Reviewed by:	Safety Plan Remains in Place:	☐ Yes ☐ No	Comments:

END DATE:	Comments: